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Task Force on Culturally and Linguistically
Competent Physicians and Dentists
Working Group on Cultural Competency Certification
and Continuing Education
311 S Spring Street, Third Floor Conference Room
Los Angeles, California 90013
March 12, 2002
10:00 a.m. – 12:00 p.m.

Task Force Working Group Members Present:

Ron Joseph, Executive Director, Medical Board of California
Suzanna Gee, Associate Managing Attorney, Protection and Advocacy, Inc.

Staff Members Present:

Kristy Wiese, Assistant Deputy Director, Department of Consumer Affairs
Pablo Rosales, Deputy Director, Office of Statewide Health Planning Department

Call to Order:

The Meeting was called to order at 10:04 a.m. by Ron Joseph, Chair.

Review of Minutes from October 2, 2001 Meeting:

The October 2, 2001 meeting minutes were reviewed.

Review of Discussion Paper:

The Chair began the meeting by discussing requirements in AB 2394 that the Task Force look at cultural competency certification and continuing education standards.

The working group discussed what programs in the areas of training, continuing medical education, and certification programs should be developed. The group also discussed exploring standards developed by other states that could assist in developing standards for California.

Members discussed defining linguistic competency for the purpose of developing continuing education and certification programs. Moreover, at what level would the provider be deemed linguistically competent and which languages should be identified as part of the continuing education, certification and competency standards?

The working group deliberated whether linguistic competency requirements could be incorporated into Medi-Cal service contracts and what regulatory agency would administer and determine that an acceptable level of competency has been attained.

Further discussion included whether physicians in other specialized medical professions, such as radiologists, pathologists and specialists should be required to complete the same continuing education standards for license renewal.

There was concern expressed that adding more requirements would deter doctors from accepting new Medi-Cal patients.

Mr. Joseph pointed out that the University of California, San Diego has an extensive language and cultural program as part of their medical school curriculum. Even though credits are not given for the courses, students pursue cultural competency courses on a voluntary basis. Due to the overwhelming interest, each year there is a waiting list.

Members concurred that it was important to have an examination procedure for certification that would eliminate a self-certifying process.

Ms. Wiese advised that the University of California, San Francisco School of Pharmacy, is conducting a survey that would evaluate the cultural competency training provided at medical, dental, and pharmacy schools in California. A formal report will be disseminated to the Task Force in June.

The group agreed that further consideration should illustrate what languages should be included on the primary language sheets.

Ms. Gee commented that it is important that patients are aware that providers must adhere to the federal requirements as outlined in Title VI and that additional disclosure may be needed.

Proposed Recommendations:

The working group will continue to discuss continuing medical education and certification as mandated by AB 2394. After the working group formulates preliminary proposals, these will be forwarded to the Task Force for inclusion in its final recommendations to the Legislature in 2003.

Proposed recommendations to be forwarded to the Task Force:

- Providers should have sufficient linguistic competency to effectively communicate and understand their patients' needs.
- Amend Medi-Cal and mental health contracts to require providers to demonstrate competency.
- Offer incentives for providers who seek to achieve cultural and linguistic competency.
- All members of the medical community should participate in cultural and linguistic training to create consistent standards.

- As a condition of license renewal for physicians, a designated number of continuing education units in cultural competency must be completed.
- Certification programs should operate on a continuum, so that providers would be given the option of which competency level to attain.
- An exam process should be established for individuals who meet the cultural and linguistic requirements to challenge and receive credit for the courses.

Identification of Future Agenda Topics:

Mr. Joseph proposed, and the group concurred, that the following process should be pursued:

Draft a report that outlines the discussions and recommended proposals that should be forwarded to the full Task Force for consideration.

Review the draft report at the next working group meeting for further deliberation.

Mr. Rosales suggested possibly including nurses in the proposal in light of the nursing shortage. He advised OSHPD have been directed to increase the number of nurses by 2,400 within the next three years.

Public Comment:

Carl Populus, Men United/Black Committee Health Task Force, expressed concern for the lack of culturally sensitive physicians and dentists that serve the African American Community. He advocated for Ebonics to be incorporated into the primary language sheets. Mr. Populus believed that Ebonics should be included as a primary language. He expressed concern that no African American languages were listed on the primary language sheet.

Meeting Adjourned at 12:00 p.m.